Approved for use through 1/3 1/3006 CMB 0411-0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMIERCE

Under the Peperwork Reduction Act of 1895, no periode are required to respond to a collection of information unless If displaye a yard CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-878 Effective December 8, 2004 602.5 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) (Comme) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE RATE (\$1 FEE (I) BATE (\$1 FÉE(S (37 CFR 1 1644) (6) a (4) NVA H/A FUA 150.00 SEARCHFEE ŇA 300.00 N/A (37 OFR 1 16(N), 14, or 1111) N/A NA \$250 NIA EXAMINATION FEE \$600 (37 CFR 1 1619). (p). or (q)) NA N/A NA \$100 NA TOTAL CLAIMS \$200 (37.CFR 1 16(0) minus 20 . X\$ 25 X\$50 independent Claims ÓŘ (27 CFR 1 16(N) X100 ≠ C tunim X200 Il the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE . 137 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I IGUI +180= +360= \* If the difference in column 1 is less than Jero, enler "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II Column tj (Column 2) (Column 3): OTHER THAN OR SMALL ENTITY CLAIMS HIGHEST ENTITY REMAINING NUMBER PRESENT 20/06 RATE & AFTER ADDI-PREVIOUSLY RATE(\$) **EXTRA** IENDMENT LENDMENT TIONAL PAID FOR TIONAL ALCIA LING FEE (\$) Minus 34 FEE (1) X\$ 25 X\$50 hdependent 35000 OR Minus X100 X200 10000 Application Site Fee (37 CFR 1.16(s)) Off frist presentation of maltiple dependent claim. (17 CFR 1.160) **+180**≈ +360= OR TOTAL TOTAL ADO'L FEE 55000 OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST NUMBER PRESENT RATE (\$) AFTER. ADDI-PREVIOUSLY PAID FOR RATE (\$) EXTRA ADOI-TIOHAL TIONAL AMENDME Total FEE (1) Minus FEE (4) X\$ 25 X\$50 tridipendent . OR Minue X100 X200. OR. Application 614 F44 (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CFR 1.160) +180<sub>=</sub> +360z OR TOTAL. TOTAL If the entry in column 1 is been than the entry in column 2, write "o' in column 3.

If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the entrophate box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to plocess) an application. Confidentiality is potented by 35 U.S.Q. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, author ashedra, and submitting the complete application form to the USPTO. Time will vair depending upon the individual rise. Any complete. ADD'L FEE OR. Pto to process an approximan. Commentially is poverned by 35 U.S.Q. 122 and 37 UTR 1.14. This consection is estimated to take 12 minutes to complete, buding pathedrig, preparing, and submitting the completed application familia the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateril 178 demark Office, U.S. Department of Commerce, P.O. Box 1450, Mexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Paterils, P.O. Box 1460, Alexandria, VA 22313-1450.